

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 08/15/2013.

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	\$314,318	+2.5%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?
If so, specify: No

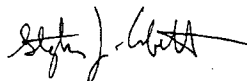
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Rate revision for Pet Insurance. See attached Actuarial Memo for detailed explanation.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation

Name of Company



- Vice President

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	5057	-47.80%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO Loss Costs

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AmTrust Insurance Company of Kansas, Inc.

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	5057	-4.20%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Revising Company LCM to 1.520

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

AmTrust Insurance Company of Kansas, Inc.

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official – Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective September 1, 2013

	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage		
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	42647	-0.13%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Introducing Central Mutual Summit® Boater rule. Central Mutual Summit® Boater is an optional coverage that provides a group of additional coverages for an additional \$25 annual charge.

•Revising Personal Watercraft under DEBITS. We will only be surcharging Jet Propelled Boats that are less than 16 feet in length. Emergency Service – Expanded Coverage will now only include limit options of \$500 and \$1,000. Introducing Boating Equipment – Increased Limits, Introducing Personal Effects Coverage

Revising Liability – Base Premiums (per boat). We will now have separate rates for personal watercraft.

Introducing Uninsured Boater rates

Introducing Agreed Value Settlement Provision

Central Mutual Ins Co

Name of Company

H2919D

(Mrs.) Petrise Meyer

Sr Rates and Forms Analyst

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	46576	-47.80%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other _____		
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____
 Adopting ISO Loss Costs _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Milwaukee Casualty Insurance Company

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	46576	60.60%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Revising Company LCM to 2.550

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Milwaukee Casualty Insurance Company

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	33324	-36.40%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Revising Company LCM to 1.010

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Security National Insurance Company

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	33324	-47.80%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): _____

Adopting ISO Loss Costs _____

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Security National Insurance Company
Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms
Official – Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

10/1/2013

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine	222457	-31.30%
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISO Loss Costs

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Wesco Insurance Company

Name of Company

Howard Montgomery, Compliance Manager- Rates & Forms

Official – Title